

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08-604950

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1		1			52						
3		2		2		1	53						
4		2		2		1	54						
5		2		2		1	55						
6		2		2			56						
7		2		2		1	57						
8		1		1		1	58						
9		1		1		1	59						
10		1	cancel				60						
11							61						
12							62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.		13		6			TOTAL DEP.						
TOTAL CLAIMS	10		14		7		TOTAL CLAIMS						